

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF April 2016

Date: April 26, 2016

CONTRACTOR: Henry's Equipment Rental & Sales, Inc.

ADDRESS: PO Box 4070

Contract No. 64453 [✓]

City, State ZIP: Waiānae, HI 96792

DAGS Job No. 12-20-2696

PROJECT TITLE: Hawaii State Hospital; Goddard Building Demolition

CONTRACT

FOR INSPECTION BRANCH USE

[] SUBMITTAL REGISTER

[] COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

[✓] PROJECT SCHEDULE

[✓] DAILY REPORTS

[✓] PAYROLL AFFIDAVIT

MONTHLY ESTIMATE CHECKLIST

[✓] PROJECT NAME AND LOCATION

[✓] CONTRACT NUMBER

[] AS NEED - WASTE REDUCTION PROGRESS REPORT

[✓] ALL SIGNATURES

SPECIALTY / MISC:

[] AIR CONDITION ACCEPTANCE

[] PAINT ACCEPTANCE

Basic Contract Amount \$ 2,986,000.00

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 2,986,000.00

WORK ACCOMPLISHED

Basic Contract

Change Order

Total

Completed to Date 24.04% \$ 717,747.00

#DIV/0! \$ - \$ 717,747.00

Retained **REDUCED** [] \$ 54,066.00

\$ - \$ 54,066.00

Amount Subject to Payment \$ 663,681.00

\$ - \$ 663,681.00

Payments to Date \$ 363,971.00

\$ - \$ 363,971.00

Payments Now Due \$ 299,710.00

\$ - \$ 299,710.00

Payment No. **FINAL** [] 02

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..

FOR OFFICE USE ONLY

[] Project Acceptance Date

[] Project Completion Date

1. Computed and Checked by

3. Recommended:

Project Inspector or Engineer

Date

4. Recommended:

Area Engineer/Architect

Date

5. Approved:

Branch Chief or District Engineer

Date

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request, and least 80% of our workforce resides in Hawaii. [] As a preferred contractor, I have submitted all apprenticeship approval forms.

Henry's Equipment Rental & Sales, Inc.

Name of Contractor

By Frances Kama-Silva, President

Date

The Public Works Administrator certifies that change orders have been issued and the work performed.

Scott M. Ojima
for State Public Works Administrator

MAY 05 2016

Date

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: April 2016

CONTRACTOR: Henry's Equipment Rental & Sales, Inc.
PROJECT TITLE: Hawaii State Hospital; Goddard Building Demolition

Contract No.: 64453
DAGS Job No.: 12-20-2696

| CLOSED | | | <u>LICENSE</u> | <u>BASIC CONTRACT</u> | <u>COMPL.</u> | <u>%</u> | <u>RETN.</u> | <u>CONTRACT</u> |
|--------|------------------------------|--------------------|----------------|-----------------------|----------------|-------------|--------------|----------------------------------|
| | <u>PRIME CONTRACTOR</u> | <u>TRADE</u> | <u>NO.</u> | <u>AMOUNT</u> | <u>TO DATE</u> | <u>CMPL</u> | <u>%</u> | <u>AMOUNT</u> <u>RETAINED</u> |
| | Henry's Equipment Rental & S | General Contractor | ABC-21835 | \$2,368,381 | \$354,146 | 14.95% | 5% | \$17,707 |

| | SUBCONTRACTOR | TRADE | LICENSE NO. | BASIC SUB-CONTRACT AMOUNT | COMPL. TO DATE | % CMPL | RETN % | SUB-CONTRACT AMOUNT RETAINED |
|--|-----------------------------------|------------------------|-------------|---------------------------|----------------|---------|--------|------------------------------|
| | David's Fencing | Temporary Fencing | C-21806 | \$38,700 | \$38,700 | 100.00% | 10% | \$3,870 |
| | Environmental Control Specialties | Asbestos/Abatement | C-15254 | \$481,600 | \$321,035 | 66.66% | 10% | \$32,103 |
| | HH Electric | Electrical | C-13528 | \$55,235 | \$3,866 | 7.00% | 10% | \$386 |
| | Island Landscaping & Maint. | Landscaping/Irrigation | C-8952 | \$44,445 | | 0.00% | 10% | \$0 |
| | Structural Pest Control | Soil Treatment | PC-489 | \$749 | | 0.00% | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | | | | | | #DIV/0! | 10% | \$0 |
| | Total Retained from Subs | | | \$620,729 | \$363,601 | | | \$36,359 |

| | | |
|--|-------------|-----------|
| | \$2,986,000 | \$717,747 |
|--|-------------|-----------|

| | |
|---|----------|
| BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B) | \$54,066 |
|---|----------|

I certify that the above retentions are correct for this request.

Henry's Equipment Rental & Sales, Inc.

Name of Contractor

7 - Kam - S. L.

By Frances-Kama Silva, President

Date _____

Checked/Verified by:

A. H.

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 2

PROJECT TITLE: HAWAII STATE HOSPITAL - GODDARD BUILDING, DEMOLITION

BILLING MONTH: April-16

DAGS JOB NO.: 1 2-20-2696

CONTRACT NO.: 64453

CONTRACTOR: HENRY'S EQUIPM'T RENTAL & SALES, INC

VENDOR CODE: 24391400

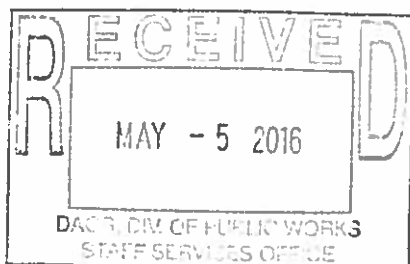
Original Contract Payment Suffix: 1, 2

| <u>Suffix</u> | <u>Fund Symbol</u> | <u>Amount Earned</u> | <u>Retainage</u> | <u>Amount Due</u> |
|----------------|--------------------|----------------------|------------------|-------------------|
| 01 | B13-414M | \$323,933.00 | \$24,223.00 | \$299,710.00 |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | \$323,933.00 | \$24,223.00 | \$299,710.00 |

Change Order Payment Suffix: 3, 4

| <u>Suffix</u> | <u>Fund Symbol</u> | <u>Amount Earned</u> | <u>Retainage</u> | <u>Amount Due</u> |
|---------------------|--------------------|----------------------|------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | | | |
| Grand Total: | | \$323,933.00 | \$24,223.00 | \$299,710.00 |

Lloyd Ogata 5/5/2016
Verified By DATE



(This Section for Administrative Services Office Use Only)

Vendor Code 24391400

Cost Code 3A1

Voucher No. 5086N07

Verified By *ps*

MAY -9 2016